



CALIFORNIA DEPARTMENT OF  
HEALTH CARE SERVICES

**Department of Health Care Services (DHCS) Tribal and Designees of Indian Health Programs Quarterly Webinar on Proposed Changes to the Medi-Cal Program  
May 27, 2022  
Questions and Answers**

**State Plan Amendment (SPA) 22-0019 – Community Health Worker (CHW) Services Asthma Preventive Services Clinical Trails**

- 1. Question:** According to DHCS, Tribal Health Programs won't be eligible for reimbursement for services provided by Community Health Workers (CHWs) and Community Health Representatives (CHRs) in Tribal 638 clinics because the Federal All-Inclusive Rate (AIR) already factored the cost of these services in the rate calculation. However, the California Rural Indian Health Board (CRIHB) has verified that the Indian Health Service (IHS) does not factor CHW/CHR services in the calculation of the federal AIR. CRIHB sent an e-mail to the Department regarding this issue. Is there any new information on this topic?

**DHCS Response:** Thank you, the Department is in receipt of your e-mail from May 26, 2022. The AIR is set by the Federal Office of Management and Budget (OMB) based on cost reports submitted by IHS facilities. DHCS has reached out to federal partners to confirm the Department's understanding of the inclusion of CHW/CHRs in the AIR calculations. Please note the exclusion of the CHW/CHR provider type in Page 2, Paragraph A of the [DHCS State Plan Supplement 6 to 4.19-B](#) is not indicative of what is included in the federal rate calculation, but rather a list of health professionals that may bill under the AIR for Medi-Cal. DHCS will provide an update after information from federal partners is received.

- 2. Question:** Will the funding for CHW services that is included in the Governor's budget be distributed to Tribal health clinics?

**DHCS Response:** The Department is reviewing the information in the Governor's budget. Once it is finalized, DHCS will provide additional information.

- 3. Question:** Will the Department consider an outcome based incentive which would offer a funding opportunity to enable clinics to offer CHW services to the vulnerable population?

**DHCS Response:** This is under review with the Department. DHCS will share information with Tribal Health Programs as soon as it is available.

4. **Question:** Will Tribal Federally Qualified Health Center (Tribal FQHC) clinics have the ability to do a rate setting like FQHCs?

**DHCS Response:** At this time, Tribal FQHCs do not have the ability to request a rate setting. State Medicaid programs received guidance from CMS that outlined the requirements of the Alternative Payment Methodology (APM). Per the [Frequently-Asked Questions \(FAQs\) Federal Funding for Services “Received Through” an IHS/Tribal Facility and Furnished to Medicaid-Eligible American Indians and Alaska Natives \(SHO #16-002\)](#) response 12, “If the state Medicaid agency and one or more Tribal FQHCs agree to use the IHS AIR rate as the facility rate, the state agency will have to submit a SPA to designate payment for Tribal FQHC services at the IHS AIR as an Alternative Payment Methodology. Therefore, SPA 20-0044 establishes the Tribal FQHC APM at the IHS AIR.